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FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO March 16, 2012  
BY Ian McGlone ANALYST

8 **BEFORE THE**  
9 **PHYSICIAN ASSISTANT COMMITTEE**  
10 **MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
12 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 1E-2010-210162

13 **STEVE KRIKORIAN TZ, P.A.**  
14 **1426 Ridgebrook Way**  
**Chico, CA 95928**  
15 **Physician's Assistant License No. PA15820**

**A C C U S A T I O N**

16 Respondent.

17  
18 Complainant alleges:

19 **PARTIES**

- 20 1. Elberta Portman (Complainant) brings this Accusation solely in her official capacity  
21 as the Executive Officer of the Physician Assistant Committee, Department of Consumer Affairs.
- 22 2. On or about May 3, 2001, the Physician Assistant Committee issued Physician's  
23 Assistant License Number PA15820 to Steve Krikoriantz, P.A. (Respondent). The Physician's  
24 Assistant License was in full force and effect at all times relevant to the charges brought herein  
25 and will expire on March 31, 2013, unless renewed.

26 **JURISDICTION**

- 27 3. This Accusation is brought before the Physician Assistant Committee (Committee)  
28 for the Medical Board of California, Department of Consumer Affairs, under the authority of the

1 following laws. All section references are to the Business and Professions Code unless otherwise  
2 indicated.

3 4. Section 3527(a) provides in relevant part that the committee may order the suspension  
4 or revocation of, or the imposition of probationary conditions upon a physician assistant license  
5 after a hearing as required in Section 3528 for unprofessional conduct that includes, but is not  
6 limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the  
7 regulation adopted by the committee or the board.

8 5. Section 2234 provides that "the board shall take action against any licensee who is  
9 charged with unprofessional conduct. In addition to other provisions of this article,  
10 unprofessional conduct includes, but is not limited to, the following:

11 ...

12 (b) Gross Negligence."

13 6. Section 2241.5 provided in relevant part that a physician can prescribe dangerous  
14 drugs and/or controlled substances to a patient with chronic or intractable pain but must consider  
15 whether to refer the patient to a pain specialist.

16 7. Section 3502.1 of the Code states:

17 "(a) In addition to the services authorized in the regulations adopted by the board, and  
18 except as prohibited by Section 3502, while under the supervision of a licensed physician and  
19 surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a  
20 physician assistant may administer or provide medication to a patient, or transmit orally, or in  
21 writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the  
22 medication or medical device pursuant to subdivisions (c) and (d).

23 "(1) A supervising physician and surgeon who delegates authority to issue a drug order to a  
24 physician assistant may limit this authority by specifying the manner in which the physician  
25 assistant may issue delegated prescriptions.

26 "(2) Each supervising physician and surgeon who delegates the authority to issue a drug  
27 order to a physician assistant shall first prepare or adopt a written, practice specific, formulary  
28 and protocols that specify all criteria for the use of a particular drug or device, and any

1 contraindications for the selection. The drugs listed shall constitute the formulary and shall  
2 include only drugs that are appropriate for use in the type of practice engaged in by the  
3 supervising physician and surgeon. When issuing a drug order, the physician assistant is acting  
4 on behalf of and as an agent for a supervising physician and surgeon.

5 "(b) "Drug order" for purposes of this section means an order for medication which is  
6 dispensed to or for a patient, issued and signed by a physician assistant acting as an individual  
7 practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal  
8 Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this  
9 section shall be treated in the same manner as a prescription or order of the supervising physician,  
10 (2) all references to "prescription" in this code and the Health and Safety Code shall include drug  
11 orders issued by physician assistants pursuant to authority granted by their supervising  
12 physicians, and (3) the signature of a physician assistant on a drug order shall be deemed to be the  
13 signature of a prescriber for purposes of this code and the Health and Safety Code.

14 "(c) A drug order for any patient cared for by the physician assistant that is issued by the  
15 physician assistant shall either be based on the protocols described in subdivision (a) or shall be  
16 approved by the supervising physician before it is filled or carried out.

17 "(1) A physician assistant shall not administer or provide a drug or issue a drug order for a  
18 drug other than for a drug listed in the formulary without advance approval from a supervising  
19 physician and surgeon for the particular patient. At the direction and under the supervision of a  
20 physician and surgeon, a physician assistant may hand to a patient of the supervising physician  
21 and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon,  
22 manufacturer as defined in the Pharmacy Law, or a pharmacist.

23 "(2) A physician assistant may not administer, provide or issue a drug order for Schedule II  
24 through Schedule V controlled substances without advance approval by a supervising physician  
25 and surgeon for the particular patient.

26 "(3) Any drug order issued by a physician assistant shall be subject to a reasonable  
27 quantitative limitation consistent with customary medical practice in the supervising physician  
28 and surgeon's practice.

1       "(d) A written drug order issued pursuant to subdivision (a), except a written drug order in a  
2 patient's medical record in a health facility or medical practice, shall contain the printed name,  
3 address, and phone number of the supervising physician and surgeon, the printed or stamped  
4 name and license number of the physician assistant, and the signature of the physician assistant.  
5 Further, a written drug order for a controlled substance, except a written drug order in a patient's  
6 medical record in a health facility or a medical practice, shall include the federal controlled  
7 substances registration number of the physician assistant. The requirements of this subdivision  
8 may be met through stamping or otherwise imprinting on the supervising physician and surgeon's  
9 prescription blank to show the name, license number, and if applicable, the federal controlled  
10 substances number of the physician assistant, and shall be signed by the physician assistant.  
11 When using a drug order, the physician assistant is acting on behalf of and as the agent of a  
12 supervising physician and surgeon.

13       "(e) The medical record of any patient cared for by a physician assistant for whom the  
14 supervising physician and surgeon's drug order has been issued or carried out shall be reviewed  
15 and countersigned and dated by a supervising physician and surgeon within seven days.

16       "(f) All physician assistants who are authorized by their supervising physicians to issue  
17 drug orders for controlled substances shall register with the United States Drug Enforcement  
18 Administration (DEA)."

19       8. Title 16 California Code of Regulations section 1399.541 specifies that physician  
20 assistants act in place of their supervising physician when the proper delegation and protocols are  
21 in place.

22       9. Title 16 California Code of Regulations 1399.610 section specifies the requirements  
23 for an approved Controlled Substance education course for a Physician Assistant to administer,  
24 provide or issue a Drug order for Schedule II-V Controlled Substances without advance approval  
25 from a Supervising Physician. The course shall include all eight learning objectives specified at  
26 length in the Code of Regulations.

27       10. Section 125.3 of the Code states, in pertinent part, that the Board may request the  
28 administrative law judge to direct a licensee found to have committed a violation or violations of

1 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
2 enforcement of the case.

### 3 DRUGS

4 11. Hydrocodone, or generic Norco or Vicodin, is a combination drug containing  
5 hydrocodone bitartrate and acetaminophen is a Schedule III controlled substance as defined by  
6 Health and Safety Code section 11056, subdivision (e)(4), and is a dangerous drug as defined in  
7 section 4022 of the Code.

8 12. Morphine Sulfate is a pure opiod which is a Schedule II controlled substance as  
9 defined by Health and Safety Code section 11055, subdivision (b)(1)(L), and is a dangerous drug  
10 as defined in section 4022 of the Code.

11 13. Phenergan, a trade name for promethazine hydrochloride, is a dangerous drug as  
12 defined in section 4022 of the Code.

13 14. Soma, a trade name for carisoprodol, is a dangerous drug as defined in section 4022  
14 of the Code.

15 15. Ultram, a trade name for tramadol hydrochloride, is a dangerous drug as defined in  
16 section 4022 of the Code.

17 16. Valium, a trade name for diazepam is a benzodiazepine derivative, is a Schedule IV  
18 controlled substance as defined by Health and Safety Code section 11057, subdivision (d)(9), as  
19 is a dangerous drug as defined in section 4022 of the Code.

### 20 FIRST CAUSE FOR DISCIPLINE

21 (Unprofessional Conduct/Gross Negligence - Failure to Consult with Supervising Physician  
22 Regarding the Patient's Failure to Respond to Pain Medication Treatment)  
[Bus. & Prof. Code §§ 3527(a), 2234(b), 3502.1(a)(2)(c)(2), and Title 16 CCR 1399.541]

23 17. Respondent is subject to disciplinary action under sections 3527(a), and 2234(b),  
24 3502.1(a)(2)(c)(2), and Title 16 CCR 1399.541 in that he failed to consult with his supervising  
25 physician as to the refractory condition of Patient T.H.'s pain, nor did he receive patient specific  
26 authorization for the transmittal of the Scheduled medication he prescribed. The circumstances  
27 are as follows:

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1           18. On or about November 29, 2007, respondent undertook the care and treatment of  
2 patient T.H., a thirty year old female, for chronic back pain and skin lesions. On or about  
3 December 11, 2009, respondent evaluated T.H.'s back pain and ordered ninety (90) Hydrocodone  
4 10/325 tablets every six hours as needed for pain. On or about January 8, 2010, respondent  
5 prescribed to patient T.H., Phenergan, Pseudoephedrine and Valium for her back pain. On or  
6 about January 22, 2010 respondent phoned in a prescription for Ultram for patient T.H. On or  
7 about February 17, 2010, respondent prescribed to patient T. H. ninety (90) Norco tablets and two  
8 hundred forty (240) Ultram tablets.

9           19. Respondent produced no Delegation of Services Agreement nor a practice-specific  
10 formulary that were consistent with his supervising physician's specialty covering his treatment  
11 of patient T.H. Respondent prescribed his initial narcotic pain medications at the highest dose. In  
12 addition respondent prescribed two opiod drugs (Norco and Ultram) at high therapeutic doses for  
13 the same condition. These errors may not have occurred if respondent properly consulted with  
14 his supervising physician and/or received patient specific authorization for the transmittal of  
15 Scheduled medication.

16           20. On or about March 11, 2010, respondent prescribed Vicodin to patient T.H. and  
17 treated the patient for an infectious skin condition. On or about March 28, 2010, respondent  
18 authorized a refill of Valium for patient T.H. and again saw her for her skin condition. On or  
19 about April 21, 2010 respondent saw T.H. for a follow-up visit about her back pain. Respondent  
20 prescribed to T.H. Norco 10/325 ninety (90) tablets without questioning the patient about her  
21 prescription for ninety (90) Vicodin tablets that she filled on April 9, 2010. On or about May 27,  
22 2010, respondent prescribed ninety (90) Norco tablets 25 mg to patient T.H. On or about June 8,  
23 2010, respondent prescribed one hundred twenty (120) Morphine Sulfate 60 g, to be taken four  
24 times a day, to patient T.H. Respondent also prescribed Soma to T.H.

25           21. Patient T.H. died on June 12, 2010 of acute morphine poisoning. A toxicology screen  
26 revealed Benzodiazepines, Carisoprodol, Olazapine, Opiates, Promethazine and Trazadone in  
27 patient T.H.'s body. Respondent's failure to consult with his supervising physician as to the  
28

1 refractory condition of Patient T.H.'s pain, and to transmit the Scheduled medication without  
2 patient specific authorization constitutes unprofessional conduct and gross negligence.

3 **SECOND CAUSE FOR DISCIPLINE**

4 (Unprofessional Conduct/Gross Negligence - Failure to Refer Patient to a Pain Specialist)  
[Bus. & Prof. Code §§ 3527(a), 2234(b), 2241.5, 3502.1(a)(2)(c)(2) and Title 16 CCR 1399.541]

5 21. Complainant realleges paragraphs 17 through 21 above, as if fully set forth at this  
6 point. Respondent is subject to disciplinary action under sections 3527(a), 2234(b), and 2241.5,  
7 3502.1(a)(2)(c)(2), and Title 16 CCR 1399.541 in that he failed to consult with his supervising  
8 physician and/or failed to refer this patient to a pain specialist and that such failures constitute  
9 unprofessional conduct and gross negligence.

10 **THIRD CAUSE FOR DISCIPLINE**

11 (Unprofessional Conduct/Gross Negligence - Failure to Receive Authorization for Transmittal of  
12 Scheduled Medication and/or had not Completed the Required Controlled Substance Class)  
[Bus. & Prof. Code §§ 3527(a), 2234(b), 3502.1(a)(2)(c)(2), and Title 16 CCR 1399.610]

13 22. Complainant realleges paragraphs 17 through 21 above, as if fully set forth at this  
14 point. Respondent is subject to disciplinary action under sections 3527(a), 2234(b), 3502.1 (a)(2)  
15 and (c)(2), and Title 16 CCR section 1399.610 in that respondent transmitted orders for  
16 medication to patient T.H. without a written practice-specific formulary and/or had not  
17 completed the required controlled substance education course to transmit orders for Scheduled  
18 medications and such failures constitute unprofessional conduct and gross negligence.

19 **FOURTH CAUSE FOR DISCIPLINE**

20 (Unprofessional Conduct/Gross Negligence - Treating Chronic Pain  
Without a Delegation of Services Agreement)  
21 [Bus. & Prof. Code §§ 3527(a), 2234(b), 3502.1(a)(2)(c)(2), and Title 16 CCR 1399.541]

22 23. Complainant realleges paragraphs 17 through 21 above, as if fully set forth at this  
23 point. Respondent is subject to disciplinary action under sections 3527(a), 2234(b), 3502.1 (a)(2)  
24 and (c)(2), and Title 16 CCR section 1399.541, in that respondent did not submit a Delegation of  
25 Services Agreement to treat patient T.H.'s chronic pain and such a failure constitutes  
26 unprofessional conduct and gross negligence.

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**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Physician Assistant Committee issue a decision:

1. Revoking or suspending Physician's Assistant License Number PA15820, issued to Steve Krikoriantz, P.A.
2. Ordering Steve Krikoriantz, P.A. to pay the Physician Assistant Committee the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;
3. Taking such other and further action as deemed necessary and proper.

DATED: March 16, 2012



ELBERTA PORTMAN  
Executive Officer  
Physician Assistant Committee  
Department of Consumer Affairs  
State of California  
*Complainant*

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